

STATE OF MARYLAND—CERTIFICATE OF DEATH

07652

1. PLACE OF DEATH

County Dorchester

Village or City Robbins, Md.

Registration Dist. No. 114

Length of residence in city or town where death occurred 19 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Luther J. Abbott.

(a) Residence: No. Robbins, Md.

St. X Ward.

(Usual place of abode)

X St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Male | White | Single |

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

X

6. DATE OF BIRTH (month, day, and year) 6/17/1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|--|
| 19 | I | 9 | | |

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. | Laborer |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Phillips Pkg. Co. |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 7/1/35 5 |

12. BIRTHPLACE (city or town) Robbins, Md.
(State or country)

13. NAME Late Wm Wilson Abbott.

14. BIRTHPLACE (city or town) Robbins, Md.
(State or country)

15. MAIDEN NAME Addie Bramble

16. BIRTHPLACE (city or town) Robbins, Md.
(State or country)17. INFDRMANT Mr. John Bramble.
(Address) Robbins, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Robbins, Md., Date 7/27/3519. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.20. FILED July 27, 1935 by Mrs. H. J. Lewis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 26, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 24, 1935 to July 26, 1935
I last saw him alive on July 26, 1935; death is said
to have occurred on the date stated above at 7:30 A. M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Measles

Date of onset
7/24/35

Other Contributory Causes of importance:

Severe neglect

7-24-35

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. H. Tawer M. D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | AUG 3 1921 | 1921 |
| Cerebral hemorrhage | BUREAU V. S. JUN 5, 1927 | JUN 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07653

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md.

191

Registration Dist. No. II

X

St.

Ward

Length of residence in city or town where death occurred 9 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

WITHIN CORPORATE LIMITS OF

2. FULL NAME William Everett Brent.

(a) Residence: No. Maryland Ave. Ext.

St. 5 Ward.

X

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married.

5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of

Pearl Virginia Dougherty

6. DATE OF BIRTH (month, day, and year)

8/8/1877

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

57

II

I6

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Salesman9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Store Equipment10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 1012. BIRTHPLACE (city or town)
(State or country)

Kilmarnock, Va.

MOTHER FATHER

13. NAME James M. Brent.

14. BIRTHPLACE (city or town)
(State or country)

Virginia

15. MAIDEN NAME Mary E. Eustace

16. BIRTHPLACE (city or town)
(State or country)

Virginia.

17. INFORMANT Mrs. W. E. Brent.
(Address)

Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Brookvale, Va. Date 7/27/35. 19.

19. UNDERTAKER Granville S. LeCompte.
(Address)

Cambridge, Md.

20. FILED 7-26 1935

Signature
Registrar.

Data of onset

7

July 28, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 24th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

September 1933 to July 24, 1935

I last saw him alive on July 23, 1935; death is said
to have occurred on the date stated above, at 9:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Hypertensive cardio-vascular
disease
acute dilatation of heart

Other Contributory Causes of importance:

Chronic diffuse nephritis.

Name of operator

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wylie M. Fair

M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED AUG 5 1985 | Date of onset |
|--------------------------------|------------------------|---------------|
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | BUREAU V. S. | 1921 |

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07654

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

(a) Residence: No.

240-20

Registration Dist. No.

11

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(b) Usual place of abode

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

22 yrs

laborer

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

MOTHER

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19.

19. UNDERTAKER

(Address)

20. FILED

19.

Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 27th 1935

(Month)

(Day)

1935
(Year)

22.

I HEREBY CERTIFY That I attended deceased from *Received reports as to cause of death* *July 27th 1935* *death is said to have occurred on the date stated above, at 11:15 P.M.* The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Fracture of
skull.*

Date of onset

Other contributory causes of importance:

*Deep lacerations
of neck.*

Name of operation *None* Date of *None*What test confirmed diagnosis *None* Was there an autopsy *None*

If death was due to external causes, VOLUNTARY in a state of *Frantic
accident, suicide, or homicide.* *None* *None*

Where did injury occur? *At home and R.F.D.* (Specify city or town, county and state)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *None*(Signed) *John Lynch Gold* M. 4

Coroner's Physician Cambridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | REC'D 5 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| RECEIVED V. S. | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|-----------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| Other contributory causes of importance: | | |
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | 1 year |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07656

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester
Village or City ~~New~~ Cambridge

Length of residence in city or town where death occurred yrs.

Registration Dist. No. 116

No. ~~Ex~~ Eastern Shore State Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minus B. Downing

(a) Residence: No. Tyaskin, Wicomico County, Md. St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
|-------------|------------------------|---|

5e. If married, widowed, or divorced
HUSBAND of Lena Harris
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 20, 1872

| | | | |
|-----------------|----------|---------|--|
| 7. AGE Years 63 | Months 4 | Days 20 | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------|----------|---------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) 2-10-35 ago 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Tyaskin
(State or country) Md.

13. NAME Minus B. Downing
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

15. MAIDEN NAME Amanda Robinson

16. BIRTHPLACE (city or town) Vienna
(State or country) Md.17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Quantico 2nd Data 7/11/35

19. UNDERTAKER Mr. B. Joseph Blake
(Address) Elton, Md.20. FILED 7/11/35 John Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 9, 1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935, to July 9, 1935.

I last saw him alive on July 9, 1935; death is said to have occurred on the date stated above, at 3:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Instantaneous

Other Contributory Causes of importance:

Cerebral arteriosclerosis

1 yr., ago

Name of operation Note Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify city or town, county and State
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles LeDierre M. D.
(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | AUG 5 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| BUREAU V. S. | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|-----------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| Other contributory causes of importance: | | |
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07657

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge

Length of residence in city or town where death occurred

yrs. 8 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos.

Registration Dist. No. "6

No. Cassie M. Farley St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

Cambridge me St.

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|-------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u> |
|----------------------|-------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDivorced

6. DATE OF BIRTH (month, day, and year)

10/10/1934

| | | | |
|-----------------------|-----------------|---------------|--|
| 7. AGE Years <u>8</u> | Months <u>2</u> | Days <u>2</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------------|-----------------|---------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Divorced

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Cambridge me13. NAME Ernest M. Eelie14. BIRTHPLACE (city or town)
(State or country)Bostoy Road15. MAIDEN NAME Edna Fitzhugh16. BIRTHPLACE (city or town)
(State or country)Greene Rise17. INFORMANT Ernest Eelie
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Church Crem. me Date July 7, 193519. UNDERTAKER ESL Casket
(Address)20. FILED 7/7/35 July 7, 1935
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July61935

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on July 6, 1935 to July 6, 1935; death is saidto have occurred on the date stated above, at 4:30 pm

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Tuberculosis onset 6-29bronch - pneumonia 7-3-35name Date ofName of operation none Date of noneWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

none

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Myrtle M. Farley M. D.(Address) Cambridge me

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|----------------|---------------|
| Arteriosclerosis | AUG 5 1925 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUFFALO, N. Y. | July 5, 1927 |
| | | |
| | | |
| | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| | | |
| | | |

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07658

1. PLACE OF DEATH

County Dorchester

59

Registration Dist. No. 116

Village or City Cambridge

St.

Ward

Length of residence in city or town where death occurred 40 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Farare

(a) Residence: No. 39 Douglass
(Usual place of abode)

St., Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE of

Isiah Farare

6. DATE OF BIRTH (month, day, and year) unknown, 1880

7. AGE Years 55 Months Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Isiah Farare
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (city or town) Crisfield
(State or country) Md13. NAME Hiram Sterling
14. BIRTHPLACE (city or town) Crisfield
(State or country) Md15. MAIDEN NAME Mary Ward
16. BIRTHPLACE (city or town) Crisfield
(State or country) Md17. INFORMANT Willie Bradley
(Address) 40 Douglass St18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Date 8-2, 193519. UNDERTAKER Lewis H. Baynum
(Address) Cambridge, Md.20. FILED 7-31, 1935
Signature
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)31
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from April 11, 1931, to July 31, 1935; I last saw her alive on April 30, 1935; death is said to have occurred on the date stated above, at 2:00 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diabetes
Diabetic gangrene
right footDate of onset
1935

4-11-35

Other Contributory Causes of importance:

Name of operation _____ Data of _____

What test confirmed diagnosis? Chest Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Carroll M. McLean M. D.

(Address) 1111 Cedar St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | | |
|--------------------------------|--------------|---------------|--------------|
| Arteriosclerosis | AUG 5 1926 | Date of onset | 1915 |
| Chronic interstitial nephritis | | | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | | July 5, 1927 |
| | | | |
| | | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|------------------------|---------------|------------|
| Attack of epilepsy | Date of onset | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07659

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md.

131

Registration Dist. No. II 16

St. Ward

Length of residence in city or town where death occurred 80 yrs. 7 mos. 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Jackson Foble.

(a) Residence: No. 100 Church St.,
(Usual place of abode)

No.

X

If death occurred in a hospital or institution, give its NAME instead of street and number

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,
Male White Married OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary E. Hopkins

St. I Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 29
(Month) 1935
(Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 1933 to July 29, 1935

last saw him alive on July 29, 1935; death is said

to have occurred on the date stated above, at 8:30 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic diffuse
neuritis

Date of onset

7-25-35

Unconscious

7-25-35

Other Contributory Causes of importance:

Morphine addiction

1929

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ziegler M. Faw M. D.
(Address) Cambridge, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis | REIVED | 1915 |
| Chronic interstitial nephritis | AUG 5 1923 | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

| Other contributory causes of importance: | | Other contributory causes of importance: |
|--|-------------|--|
| Gallstones | May 1, 1923 | Gastroenteritis |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07660

1. PLACE OF DEATH

County Delaware

106-a

Registration Dist. No. 5Village or City Eccles IslandSt. 1 Ward 1

Length of residence in city or town where death occurred

No. (If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. 5 mos. 6 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 100(Usual place of abode) Eccles Island Ward. ✓

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Infant

6. DATE OF BIRTH (month, day, and year)

2/12/1935

7. AGE Years 5 Months 6 Days 1If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year) ✓11. Total time (years)
spent in this
occupation ✓12. BIRTHPLACE (city or town)
(State or country)

Infant

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)18
(Day)193
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19____, to , 19____

I last saw h. alive on , 19____; death is said
to have occurred on the date stated above, at , 10:30 AMThe PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Bronchial Cold
Inflammation

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury , 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elizabeth H. Brall M. D.
(Address) Wesma M.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|--------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | AUG 6 1925 | 1921 |
| Cerebral hemorrhage | JULY 5, 1927 | July 5, 1927 |

BUREAU V. S.

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07661

1. PLACE OF DEATH

County

Dorchester Co. Md.

210-101

Registration Dist. No. 111

Village or City

Hurstlock R. F. D.

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(b) Street and number (if place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

unknown

6. DATE OF BIRTH (month, day, and year)

1900

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

unknown

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Chesapeake Date: July 29, 1935

19. UNDERTAKER

(Address)

20. FILED

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 27th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Alzheim July 27th, 1935

I last saw him alive on 12 15 P.M.; death is said

to have occurred on the date stated above, at 12 15 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Fracture of
Skull. (Base)Other Contributory Causes of Importance:
Locomotor atrophy
Fracture of clavicle
Fracture of clavicle
Fracture of clavicle

Name of operation: None Date of operation: None

What test confirmed diagnosis: None Was there an autopsy: None

23. If death was due to external causes (COLLISION) fill in also the following:

Accident, suicide, or homicide: Homicide Date of injury: None

Where did injury occur: Street, city, town, county, and state: None

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: None

Manner of injury: Some

Nature of injury: Some

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: None

(Signed): Dr. George L. Parker M. D.

(Address): Chesapeake Hospital

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | Date of onset |
|--------------------------------|--------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | AUG 5 1925 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| | BUREAU V. S. | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | Date of onset |
|--|------------------------|---------------|
| | Attack of epilepsy | 1 week ago |
| | Run over by street car | 1 week ago |
| | Peritonitis | 3 days ago |
| | | |
| | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING
 N. B.—WRITE **PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated **EXACTLY**. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md.

119

Registration Dist. No. 116

07662

Length of residence in city or town where death occurred 6 yrs. 4 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Wesley Hill

(a) Residence: No. 12 Ross, St. (Usual place of abode)

No. X

St. Ward

WITHIN CORPORATE LIMITS OF

X

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|------------------------|--|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant |
|-------------|------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

Infant

6. DATE OF BIRTH (month, day, and year) 1/16/1935

| | | | |
|----------------|----------|--------|----------------------------------|
| 7. AGE Years 6 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min. |
|----------------|----------|--------|----------------------------------|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Cambridge, (State or country) Md.

13. NAME John Wesley Hill

14. BIRTHPLACE (city or town) Cambridge, (State or country) Md.

15. MAIDEN NAME Margaret Bell

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Margaret B. Hill
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Castle Haven, Md. Date 7/20/35.19. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.20. FILED 7/20/1935 John Moore
(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 20th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 15, 1935, to July 20, 1935; last saw deceased alive on July 15, 1935; death is said to have occurred on the date stated above, at 3:35 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Malnutrition
Sustained entente.

Date of onset

?
July 19

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify

(Signed)

John Moore M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | Aug 5 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| BUREAU V. S. | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|-----------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| Other contributory causes of importance: | | |
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | 1 year |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07663

1. PLACE OF DEATH

County Dorchester

Village or City Near Elwood

55-1

Registration Dist. No.

110

St. Ward

Length of residence in city or town where death occurred 18 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella G. Johnson,

(a) Residence: No. Hurlock, Md. R.F.D. (Usual place of abode)

St. Ward.

If U.S. Veteran specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|--------------------------|---|
| 3. SEX Female | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
|---------------|--------------------------|---|

5e. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Johnson.

6. DATE OF BIRTH (month, day, and year) June 12th. 1872

7. AGE Years Months Days If LESS than
63 0 23 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

13. NAME Augustus Webb, Caroline Co. Md.

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

15. MAIDEN NAME Anna R. Jones, Caroline Co. Md.

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

17. INFORMANT William H. Johnson, (Address) Hurlock, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Johns, Md. Date July 8" 1935

19. UNDERTAKER J. T. Frampton & Son (Address) Federalsburg, Md.

20. FILED July 7, 1935 Chas W. Hastings Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 5th. (Month) 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

7/1 1935 to 7/5 1935. I last saw her alive on 7/3 1935; death is said to have occurred on the date stated above, at 9-20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Brain tumor +
Myocarditis; Chronic Disease
not known. Cause of
Brain tumor: definite location, not known.
Not known whether benign or malignant.
Other Contributory Causes of importance: Duration: six months.

Physician only saw deceased twice, just preceding her death.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. Roger Myers M. D.
(Address) Hurlock Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | AUG 8 1935 | 1921 |
| Cerebral hemorrhage | | July 3, 1927 |
| BUREAU V. S. | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|--|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| Other contributory causes of importance: | | Other contributory causes of importance: |
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07664

1. PLACE OF DEATH

County Dorchester

139-a

Registration Dist. No. 116

Village or City Cambridge Md.

Md. Cambridge Hospital Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs.

mos.

ds.

2. FULL NAME

Mrs. Clodia Jones

(a) Residence: No.

Bishop's Head, Md.

St., Ward.

WITHIN CORPORATE LIMITS OF

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ralph Jones

6. DATE OF BIRTH (month, day, and year)

Dec 18, 1895

7. AGE

Years
39Months
6Days
29If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Bishop's Head

MOTHER

FATHER

13. NAME

Marshall E. Miller

14. BIRTHPLACE (city or town)
(State or country)

Bishop's Head

15. MAIDEN NAME

Missouri Cannon

16. BIRTHPLACE (city or town)
(State or country)

Bishop's Head

17. INFORMANT
(Address)Ralph Jones
Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bishop's Head Date: July 19, 1935

19. UNDERTAKER
(Address)Frank E. Albaugh
Cambridge, Md.

20. FILED

7/17/1935 John Brown

21. DATE OF DEATH

July 17

(Month) (Year)

(Day)

22. I HEREBY CERTIFY, That I attended deceased from

7/10/1935 to 7/17, 1935
I last saw him alive on Aug 17, 1935; death is said
to have occurred on the date stated above, at 1/25 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

ovarian cyst

Date of onset

?

Other Contributory Causes of importance:

Inguinal shock

7/15/35

Name of operation Removal of gall Date of 7/15/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John Brown M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | AUG 5 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

BUREAU V. S.

Other contributory causes of importance:

| | | |
|------------|-------------|--|
| Gallstones | May 1, 1923 | Other contributory causes of importance: |
| | | Gastroenteritis |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeLength of residence in city or town where death occurred 10 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

07665

116

Registration Dist. No.

116

Ward

No. 32 Park Lane St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Kane(a) Residence: No. 32 Park Lane St., 2 Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|---------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>C</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
|----------------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Welber Kane

6. DATE OF BIRTH (month, day, and year) July 26 1900

| | | | |
|------------------------|------------------|----------------|--|
| 7. AGE <u>35</u> Years | Months <u>34</u> | Days <u>11</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|------------------|----------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labourer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Maryland
(State or country) Md.13. NAME William Mackin14. BIRTHPLACE (city or town) Golden Hill
(State or country) Dorchester Co Md.15. MAIDEN NAME Susan Johnson16. BIRTHPLACE (city or town) Taylor Island
(State or country) Dorchester Co Md.17. INFORMANT William Mackin
(Address) 32 Park Lane18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Church Cem.
Date July 26, 193519. UNDERTAKER Harry A. Nodar
(Address) 229 High St Camb.20. FILED 7-25-1935 John Mow
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 23(Month) July, 1935 (Year)22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935, to July 23, 1935I last saw him alive on July 23, 1935; death is said to have occurred on the date stated above, at 8:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis
of lungs and
peritoneum.

Date of onset

2

Other Contributory Causes of importance:

Name of operation None Date of 1935What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John F. Schneider M. D.
(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | Date of onset |
|--------------------------------|-----------|---------------|
| Arteriosclerosis | BUREAU V. | S. 1915 |
| Chronic interstitial nephritis | | 10/21 |
| Cerebral hemorrhage | | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07666

1. PLACE OF DEATH

County.

Dorchester

Village or City.

Cambridge

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

 No. 63 Douglas St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds.

Registration Dist. No. 116

2. FULL NAME

(a) Residence: No.

Infant Leonard

U.S. Veteran specify WAR

63 Douglas St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M colored Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Steelbark

6. DATE OF BIRTH (month, day, and year)

July 6, 1935

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

7 1/2 mo 5 tick born

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Cambridge, Md

MOTHER FATHER

13. NAME Earl Lee

14. BIRTHPLACE (city or town)
(State or country)

Cambridge, Md

15. MAIDEN NAME Elsie Leonard

16. BIRTHPLACE (city or town)
(State or country)

Cornersville, Md

17. INFORMANT

Elsie Leonard
(Address) Cambridge, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge, Md Date: 7-9 1935

19. UNDERTAKER

Lewis H. Breyer

(Address)

20. FILED

7-8 1935 J. L. M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)6
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Not at all

19

to

19

I last saw him alive on Not at all, 19; death is said to have occurred on the date stated above, et 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stutter - Cause unknown

Date of onset

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John Moore, M. D.
(Address) Cambridge, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | RECEIVED | Date of onset |
|--------------------------------|--------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | AUG 5 1925 | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07667

1. PLACE OF DEATH

County Dorchester No. Cambridge Md No 9 Registration Dist. No. 116
 Village or City Cambridge, Md St. No Ward 1
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Lewis
 (a) Residence: No. R 3 Cambridge Md St. Ward.

(Usual place of abode)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, end year)

July 29, 1935
 7. AGE Years Born Months Days If LESS than
 1 day, ____ hrs.
 or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
 (State or country)

John Vigil Lewis
 13. NAME John Vigil Lewis
 14. BIRTHPLACE (city or town)
 (State or country)

Cambridge, Md.
 15. MADIOEN NAME Naomi Phillips
 16. BIRTHPLACE (city or town)
 (State or country)

Cambridge, Md.
 17. INFORMANT Mother Naomi Phillips
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Cambridge, Md Date July 29, 1935

19. UNDERTAKER John Vigil Lewis
 (Address) Cambridge, Md

20. FILED 7-29-1935 Greenmond
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 29, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 29, 1935, to July 29, 1935.
 I last saw deceased on July 29, 1935. death is said to have occurred on the date stated above, et al. 10:47 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature birth

Date of onset

Other Contributory Causes of importance:

Placenta previa -

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) John F. Schneider M. D.
 (Address) Cambridge, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | AUG 5 1925 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| BUREAU V. S. | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |
| | |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| Other contributory causes of importance: | | |
| Gastroenteritis | | 1 year |
| | | |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED
JULY 8 1935
U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

STATE OF MARYLAND—CERTIFICATE OF DEATH

07669

MARGIN RESERVED FOR BINDING

N. B.—**WRITE FAIRLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge

Length of residence in city or town where death occurred

8 yrs. 8 mos. 17 ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 116

Ward

2. FULL NAME Arthur McCoy(a) Residence: No. Chesapeake City

(usual place of abode)

If U. S. Veteran specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 15-18797. AGE 56 Years 0 Months 9 Days If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Unknown Maryland13. NAME Nathaniel McCoy14. BIRTHPLACE (city or town)
(State or country) Unknown Maryland15. MAIDEN NAME Susanne Adamsley16. BIRTHPLACE (city or town)
(State or country) Unknown Maryland17. INFORMANT Eastern Shore State Hospital Records
(Address) Cambridge - Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date July 21, 193519. UNDERTAKER H. W. Pippin
(Address) Elkton Md.20. FILED 7-24, 1935 Glennwood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July

(Month)

24th, 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 2nd, 1930, to July 14, 1935.I last saw him alive on July 3rd, 1935; death is said to have occurred on the date stated above, at 8:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Epilepsy (epilepsia)Date of onset
Lifetime

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles Lapierre M. D.(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term, "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | AUG 5 1930 | 1921 |

BUREAU V. S.

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07670

1. PLACE OF DEATH

County DorchesterVillage or City Church Creek

Registration Dist. No.

116

St. WardLength of residence in city or town where death occurred 2 yrs. 2 mos. 30 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Jinsley Camper Meekins

(a) Residence: No.

Church Creek, Md.

No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MColSingle5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofNone

6. DATE OF BIRTH (month, day, and year)

April 4, 1885

7. AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.2 308. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Church CreekMd.

MOTHER

FATHER

13. NAME Jinsley Camper14. BIRTHPLACE (city or town)
(State or country)Church CreekMd.15. MAIDEN NAME Rebbie Meekins16. BIRTHPLACE (city or town)
(State or country)Church CreekMd.

17. INFORMANT

(Address) Jinsley Camper

18. BURIAL, CREMATION, OR REMOVAL

Place Church Creek Date 7/10, 1935

19. UNDERTAKER

(Address) Jinsley Camper20. FILED 7/10, 1935 John W. Johnson

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7
(Month)10
(Day), 1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Church Creek, 19, to, 19.I last saw him alive on not at all; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Heart seen by doctor
Cause of death unknown
Probably Boston enteritis

Date of onset

?

Other Contributory Causes of importance:

Name of operation None Date of 2/26What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John W. Johnson M. D.(Address) Cambridge Rd.Opitior

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|----------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | 1915 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| BUREAU V. S. | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|-----------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| Other contributory causes of importance: | | |
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07671

1. PLACE OF DEATH

County DorchesterVillage or City East New Market

93-C

Registration Dist. No. 11St. WardLength of residence in city or town where death occurred: 1 yrs. 1No. 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 1 ds. How long in U.S. if of foreign birth? 1 yrs. 1 mos. 1 ds.

2. FULL NAME

Oliver E. Moore, Jr.(a) Residence: No. East New Market St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE 23 Years 1 Months 20 Days
If LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Farming
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

FATHER

13. NAME Oliver E. Moore14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Martha V. Harrington16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Oliver E. Moore
(Address) East New Market18. BURIAL, CREMATION, OR REMOVAL
Place East New Market Date July 21, 193519. UNDERTAKER H. H. Wilboughby
(Address) 27 N. Market20. FILED August 2, 1935 H. E. Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 31
(Month) 1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 1934 to July 21, 1935; death is said
to have occurred on the date stated above at 12:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pyelo-nephritis
Date of onset May 1934

Other Contributory Causes of importance:

Myocarditis chronic
Date of Nov. 1934Name of operation Farming of kidney
Date of June 1934
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. E. Shriver M. D.
(Address) Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 14 E

The principal cause of death and related causes of importance were as follows: 1825

Date of onset

Arteriosclerosis

Chronic interstitial nephritis

Geophilus (Geophilus) *languidus*

Cerebral hemorrhage

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Revista de

3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1, 1923

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07672

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 116Village or City CamburyNo. Camb. Hospital St., Ward

Length of residence in city or town where death occurred

M^{os} d^s How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Vernon Mowbray
Cambury Md St., Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------|---------------------------|--|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Single</u> |
|-----------------|---------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7/10/35

| | | | |
|------------------------|--------|------|--|
| 7. AGE Years <u>55</u> | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|--------|------|--|

| |
|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u> |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u> |
| 10. Date deceased last worked at this occupation (month and year) <u>None</u> |
| 11. Total time (years) spent in this occupation <u>None</u> |

12. BIRTHPLACE (city or town)
(State or country)Cambury
Md

| |
|---|
| 13. NAME <u>Vernon Mowbray</u> |
| 14. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> <u>Md</u> |

| |
|---|
| 15. MAIDEN NAME <u>Amy Wheatley</u> |
| 16. BIRTHPLACE (city or town) (State or country) <u>Sharptown</u> <u>Md</u> |

17. INFORMANT Vernon Mowbray
(Address) Cambury Md18. BURIAL, CREMATION, OR REMOVAL
Place Camb. Md Date 7/10/3519. UNDERTAKER Vernon Mowbray
(Address) Cambury Md20. FILED 7/10/1935 John Mowbray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 10 1935

22. I HEREBY CERTIFY. That I attended deceased from

7/10/35, 19____, to 7/10/35, 19____I last saw him alive on not at all, 19____; death is said to have occurred on the date stated above, at Cambury, m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause unknown

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John Mowbray M. D.
(Address) Cambury Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| Other contributory causes of importance: | Other contributory causes of importance: | |
|--|--|--------|
| Gallstones | Gastroenteritis | 1 year |
| | | |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07673

1. PLACE OF DEATH

County

Dorchester Co

122-B

Registration Dist. No.

116

Village or City

Cambridge, Md

St. Ward.

Length of residence in city or town where death occurred

yrs

mos.

ds.

How long in U. S. if of foreign birth?

COM.

mos.

ds.

2. FULL NAME

Elsie Mofleet & Leona Mofleet

LIMITED

(a) Residence: No. 10 School Lane St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

female

colored married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

married

wife Russell Mofleet

6. DATE OF BIRTH (month, day, and year)

1904

7. AGE

Years

month

Months

Days

11 LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Caston, North Carolina

13. NAME

Elsie Mofleet

14. BIRTHPLACE (city or town)
(State or country)

Dantz, Kwan

15. MATURE NAME

Elsie Mofleet

16. BIRTHPLACE (city or town)
(State or country)

Dantz, Kwan

17. INFORMANT

Russell Mofleet

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge, Md

Date: July 23, 1935

19. UNDERTAKER

Lewis H. Payne

(Address)

20. FILED

7-22, 1935 John Morris

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 22 sec 5
(Month) (Day) (Year)

22. HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 22, 1935, death is said

to have occurred on the date stated above at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Chyphosis of small intestine

Abdominal

10 days before

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | Aug 5 1935 |
| Cerebral hemorrhage | July 5, 1927 |
| RECEIVED | |
| BUREAU V. S. | |

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

MARGIN RESERVED FOR BINDING
 N. B.—WRITING PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeLength of residence in city or town where death occurred 71 yrs. 7 mos. 27 ds.

98-2

Registration Dist. No.

116

07674

116

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds.

2. FULL NAME Lucinda Parker(a) Residence: No. 120 Pine St

St. Ward.

(Usual place of abode)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female colored

widowed

5a) If married, widowed, or divorced

HUSBAND of (or) WIFE of

Ham Parker

6. DATE OF BIRTH (month, day, and year)

Sept. 28, 1864

7. AGE

Years

Months

Days

11 LESS than
1 day, hrs.
or min.

70

7

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dom. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 193111. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town)

(State or country)

Golden HillMd

MOTHER FATHER

13. NAME Edward Moore

14. BIRTHPLACE (city or town)

(State or country)

Golden HillMd15. MIDDLE NAME Rachel Chester

16. BIRTHPLACE (city or town)

(State or country)

Golden HillMd17. INFORMANT Rosabel Parker(Address) 120 Pine St. Cambridge, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md Date 7-28-193519. UNDERTAKER Lewis A. Baumum(Address) Cambridge, Md20. FILED 7-27-1935 John Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)25
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 17, 1935 to July 25, 1935; death is saidI last saw her alive on July 25, 1935; death is said to have occurred on the date stated above, at 9:05 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ch. EnteritisAnterior UrticariaAcute EnteritisGastritisPulmonary Edema

Other Contributory Causes of importance:

Date of onset

1931

1930

1933

6-17-33

7-20-35

Name of operation none

Date of

What test confirmed diagnosis? ClinicalWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Engel M. St. John

M. D.

(Address) Pine & Cedar Sts.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|---------------------------------|--------------|
| Arteriosclerosis | AUG 5 1935 |
| Chronic interstitial nephritis. | 1921 |
| Cerebral hemorrhage | JULY 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07675

1. PLACE OF DEATH

County Dorchester

Village or City Hurlock

82-a

Registration Dist. No. 110

St. Ward

Length of residence in city or town where death occurred 30 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos.

2. FULL NAME Frank E. Parvin

(a) Residence: No. Hurlock, Md.

(Usual place of abode)

St. Ward.

If U. S. Veteran specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
|-------------|------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mollie Parvin

6. DATE OF BIRTH (month, day, and year) Aug. 31st. 1853

| | | | |
|-----------------|-----------|---------|--|
| 7. AGE Years 81 | Months 10 | Days 22 | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------|-----------|---------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Foreman of Rail-Road Section Gang
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 1922
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town)
(State or country) Dorchester Co. Md.

13. NAME Edward Parvin,

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MARRIED NAME Margaret J. Charles,

16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Mrs. Harvey Harper,
(Address) Hurlock, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Hurlock, Md. Date July 26th, 193519. UNDERTAKER J. T. Frampton & Son.
(Address) Federalsburg, Md.20. FILED July 26, 1935 Chas. W. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 23rd.
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/1/1935 to 7/23/1935
I last saw him alive on 7/21/1935; death is said to have occurred on the date stated above, at 3:45 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Appendix or General
Suffocation

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G. Roger Myers

(Address) Hurlock, Md. M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis | AUG 8 1925 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07676

V. S. No. 1

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Baltimore

63

Registration Dist. No. 110

Village or City

St. Albansburg

St.

Ward

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female Colored

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 4, 1934

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

11

16

OCCUPATION

12. BIRTHPLACE (city or town)

(State or country)

MOTHER FATHER

13. NAME

Joseph Green

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Lillie Pinder

16. BIRTHPLACE (city or town)

Baltimore Co. Md.

17. INFORMANT

Lillie Pinder

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Albans Burial Date: July 20, 1935

19. UNDERTAKER

E. A. Holliday

(Address)

20. FILED

July 20, 1935 Chas W. Hastings

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 20, 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw h. alive on July 20, 1935; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Massamus

Cause of death: Rickets

Other Contributory Causes of Importance:

General Syphilis

Mal Nutrit. & N.

Name of operation: None Date of

What test confirmed diagnosis: Physical findings Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of Injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | REC'D 8 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| BUREAU V. S. | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|--|
| Attack of epilepsy | | 1 week ago. |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| Other contributory causes of importance: | | |
| Gallstones | May 1, 1923 | Other contributory causes of importance: |
| | | Gastroenteritis 1 year |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07677

1. PLACE OF DEATH

County Dorchester
Village or City CambridgeRegistration Dist. No. 116

Length of residence in city or town where death occurred

yrs.

mos.

1 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Helen Ridout
Chase

(a) Residence: No.

(Usual place of abode)

St. Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

1927 ~~not known~~

7. AGE

Years
8

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.School girl
Sewing Ridout9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.~~not known~~10. Date deceased last worked at
this occupation (month and
year)Caro11. Total time (years)
spent in this
occupationmy1928my

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Susan Ridout

14. BIRTHPLACE (city or town)

(State or country)

15. MOTHER'S NAME

Mrs. ~~Richard~~ Rachael Ridout

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Hospital RecordCambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Reids Home Date July 26, 1933

19. UNDERTAKER

(Address)

H. M. St. ClairCambridge Md.

20. FILED

7-25, 1935

Johns record

Registrar.

21. DATE OF DEATH

July 23, 1933

(Month)
(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

7/23 1933 to 7/23 1933I last saw her alive on 7/23 1933; death is said to have occurred on the date stated above, at 6:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured skull
Central hemorrhage

Data on onset

Other Contributory Causes of importance:

General sepsis and
ruptured cerebral vesselsName of operation Section of brain Date of op. 7/23 1933What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/23, 1933

Where did injury occur?

Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE

McCrory Wool War Reids home Cambridge Md.Manner of injury Fell from moving truckNature of injury Fracture of skull, laceration scalp

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John SteeleCambridge Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | RECEIVED | |
|--|--------------|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | |
| Arteriosclerosis | AUG 5 1935 | 1915 | |
| Chronic interstitial nephritis | | 1921 | |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 | |

| Example II | | | |
|--|-------------|--|--------|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | |
| Attack of epilepsy | | 1 week ago | |
| Run over by street car | | 1 week ago | |
| Peritonitis | | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07678

1. PLACE OF DEATH

County Cambridge Md 50 Dorchester Co Registration Dist. No. 116
 Village or City Cambridge Md No. 209 Baynard St., Ward
 Length of residence in city or town where death occurred 20 yrs. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? years. mos. ds.

2. FULL NAME Mrs. Jane Riggins

(a) Residence: No. 209 Baynard St., Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|-------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (write the word) |
|----------------------|-------------------------------|--|

5a. If married, widow, or divorced
HUSBAND of
(or) WIFE of

Charles Bert Riggins
1853

6. DATE OF BIRTH (month, day, and year)

| | | | | |
|------------------------|-------|--------|------|--|
| 7. AGE <u>about 80</u> | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|-------|--------|------|--|

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u> | 11. Total time (years) spent in this occupation <u>None</u> |
|---|---|

| | |
|--|---|
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u> | 12. BIRTHPLACE (city or town) (State or country) <u>Cambridge Md</u> |
|--|---|

| | |
|---|------------------------------|
| 10. Date deceased last worked at this occupation (month and year) <u>None</u> | 13. NAME <u>Anna Shinton</u> |
|---|------------------------------|

| | |
|--|--------------------------------|
| 14. BIRTHPLACE (city or town) (State or country) <u>Dorchester Co</u> | 15. MAIDEN NAME <u>Unknown</u> |
|--|--------------------------------|

| | |
|---|--|
| 16. BIRTHPLACE (city or town) (State or country) <u>Penns. Shinton</u> | 17. INFORMANT <u>Mrs. John Riggins</u> |
|---|--|

| | |
|--|--|
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Cambridge Md</u> Date <u>July 14, 1935</u> | 19. UNDERTAKER <u>Thos. E. Albaugh</u> |
|--|--|

| | |
|-----------------------------|-------------------------------|
| 20. FILED <u>7-13, 1935</u> | Registrar <u>John Shinton</u> |
|-----------------------------|-------------------------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 11, 1935
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 20, 1935 to July 11, 1935, death is said I last saw her alive on July 10, 1935. death is said to have occurred on the date stated above, 11:45 A.M.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic bronchitis
of right lung
Chronic Bronchitis

Other Contributory Causes of Importance:

Name of operation None Date None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (VIOLENCE) fill in also the following
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) John Shinton N. D.
(Address) Cambridge Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | RECEIVED | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | AUG 6 1935 | 1921 |
| Cerebral hemorrhage | BUREAU | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07680

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Dorchester

(48)

Registration Dist. No.

Village or City

Bishop's Head

119

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Mrs. Delores Robinson

U.S. Veteran specify WAR

Bishop's Head

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Geo. Robinson

6. DATE OF BIRTH (month, day, and year)

1855 unknown

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

about 80

June

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Bishop's Head
Md

13. NAME

unknown

14. BIRTHPLACE (city or town)
(State or country)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

unknown

17. INFORMANT

Welfare Records

18. BURIAL, CREMATION, OR REMOVAL

Place: Bishop's Head Date: July 18, 1935

19. UNDERTAKER

Frank E. Albray
Concordia Mort.

(Address)

20. FILED

July 18, 1935 Wilson D. Pritchett

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 16
(Month)
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from July 5, 1935, to July 16, 1935, death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset
 Carcinoma
 of Uterus.
 Senility

Name of operation Done Date of operation Done
 What test confirmed diagnosis Done Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury Done

Where did injury occur? Done (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Done
 Nature of injury Done

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Done
 (Signed) Mrs. Lynch, B.C.P.
 (Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| RECEIVED | 1915 |
| Chronic interstitial nephritis | 1921 |

Cerebral hemorrhage

Aug 5 1935

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

| Attack of epilepsy | Date of onset |
|------------------------|---------------|
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

BY NOVEMBER 1, 1935, IN MARYLAND

07651

1. PLACE OF DEATH

82-a

Registration Dist. No.

116

County

Dorchester

Village or City

Cambridge, Md.

ND.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Earl Harrison Remmire

If U.S. Veteran specify WAR

Spanish War
World War

(a) Residence: No.

203 Oakley St.

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Emma Sutherland

6. DATE OF BIRTH (month, day, and year)

Sept 21, 1879

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

55

9

17

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationRetired Army
Affair12. BIRTHPLACE (city or town)
(State or country)

Boston

Mass

13. NAME

Conrad Remmire

14. BIRTHPLACE (city or town)
(State or country)

Boston

Mass

15. MAIDEN NAME

Mary Richardson

16. BIRTHPLACE (city or town)
(State or country)

Boston

Mass

17. INFORMANT

Mrs. Emma Remmire

(Address)

Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington, D.C.

Date July 11, 1935

19. UNDERTAKER

Frank E. Albaugh

(Address)

Cambridge, Md.

20. FILED

July 9th, 1935

Goldsborough

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

5

th

1935

1935

22. I HEREBY CERTIFY, That deceased from

Chronic bronchitis

I last saw deceased on July 8th, 1935, death

to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral
Hemorrhage

Other Contributory Causes of importance:

None

Name of operation

None

What test confirmed diagnosis

None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

None

Where did injury occur?

None

Specify city or town, county and State

None

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

None

Manner of injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased?

None

If so, specify

Fred F. Stevens acting as M.D.

(Address)

None

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|--------------|------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | July 5, 1927 | |

Other contributory causes of importance:

| | | |
|------------|--|-------------|
| Gallstones | | May 1, 1928 |
|------------|--|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07652

V. S. No. 1

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery
 Village or City Elmwood

157-d

Registration Dist. No. 110St. Ward

Length of residence in city or town where death occurred 1 yrs. 7 mos. 10 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Alta May Russell

If U. S. Veteran specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female Colored Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 5, 1935

7. AGE

Years

Months

Days

If LESS than
 1 day, ____ hrs.
 or ____ min.

4 10

8. Trade, profession, or particular
 kind of work done, as SPINNER,
 SAWYER, BOOKKEEPER, etc.

9. Industry or business in which
 work was done, as SILK MILL,
 SAW MILL, BANK, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country)

Elmwood, Md.

MOTHER

FATHER

13. NAME

James Russell

14. BIRTHPLACE (city or town)
 (State or country)

James Co. Va.

15. MAIDEN NAME

Mary Fletcher

16. BIRTHPLACE (city or town)
 (State or country)

Montgomery Co. Md.

17. INFORMANT

(Address)

James Russell
Elmwood, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Johns Cemetery
Elmwood, Md.

Date

July 16, 1935

19. UNDERTAKER

(Address)

James Russell
Elmwood, Md.

20. FILED

July 15, 1935
Alma W. Hastings

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 15 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw her alive on July 15, 1935; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congenital Hernia
Left

Date of onset

Other Contributory Causes of importance:

Strangled Hernia

Name of operator John Date of Physical injury

Was there an autopsy NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) W. Edwards M. D.
 (Address) Elmwood, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | |
|--|--------------|
| Arteriosclerosis | RECEIVED |
| Chronic interstitial nephritis | Aug 6 1935 |
| Cerebral hemorrhage | |
| | BUREAU V. S. |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | |
|--|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07633

MARGIN RESERVED FOR BINDING

N. B.—WRITE ~~PLAINLY~~, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

51-c

Registration Dist. No. II6

No. Cambridge Md Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Oliver M. Seward

(a) Residence: No. Cambridge R. F. D. Md. (Usual place of abode)

St. Ward.

WITHIN CORPORATE LIMITS OF

Dorchester Co.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|---|------------------------|--|--|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | |
| 5a. If married, widowed, or divorced HUSBAND of <input checked="" type="checkbox"/> (or) WIFE of <input checked="" type="checkbox"/> | | | |
| 6. DATE OF BIRTH (month, day, end year) 10/14/1866 | | | |
| 7. AGE Years 83 | Months 9 | Days 4 | IF LESS than 1 day, <input type="checkbox"/> hrs. or <input type="checkbox"/> min. |

| | |
|---|---|
| OCCUPATION <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer |
| 10. Date deceased last worked at this occupation (month and year) 7/12/35 | 11. Total time (years) spent in this occupation 7 |

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

13. NAME Levin J. Seward

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

15. MAIDEN NAME Catherine James

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Haddaway Seward.

(Address) Cambridge R. F. D. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date 7/19/35, 19

19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Md.

20. FILED 7-18-35 *John M. Seward* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 17th, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 14th 1935 to July 17th 1935; I last saw him alive on July 15th 1935; death is said to have occurred on the date stated above, at 1 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Frostatic hyperphy—probably malignant, Uterine retention, Uremia

Other Contributory Causes of importance:

Chronic diffuse nephritis

Name of operation *none* Date ofWhat test confirmed diagnosis? *Chemical* Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify *John M. Seward*(Signed) *John M. Seward*

M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|----------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | NYC 5 1955 | 1915 |
| Cerebral hemorrhage | | 1921 |
| | RIDGEALL V. S. | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07684

1. PLACE OF DEATH

County

Dorchester
Taylors Island

(13)

Registration Dist. No.

113

Village or City

St.

Ward

Length of residence in city or town where death occurred

yrs.

mo.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

mle

Colored

widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

husband

My wife

of melville stander

6. DATE OF BIRTH (month, day, and year)

unknown - 1893

7. AGE

42

Years

Months

Days

If LESS than
1 day,
1 hr.,
or... min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BDOKEEKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Labour

allie baker mill

11. Total time (years) spent in this
occupation

Mar 15 1935 25 -

12. BIRTHPLACE (city or town)

Taylors Island

(State or country)

13. NAME

Adam Standley

14. BIRTHPLACE (city or town)

Taylors Island

(State or country)

MOTHER FATHER

15. MAIDEN NAME

Hattie J. Tompkins

16. BIRTHPLACE (city or town)

Taylors Island

(State or country)

17. INFORMANT

John Standley

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Taylors Island

Place

July 25, 1935

Date

19. UNDERTAKER

Lewis H. Benjamin

(Address)

20. FILED

July 24, 1935

J. R. Need

Date

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 23, 1935

(Month)

(Day)

(Year)

22. WHETHER CERTIFIED. That attended deceased from

July 15, 1935, to July 23, 1935.

Last saw him alive on July 20, 1935; death is said

to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Chronic

Disease

Heart Disease

Hypertension

Bright's Disease

Tone

Tone

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following.

Accident, suicide, or homicide? Data of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 6, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07655

V. S. No. 1

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Daerche StarVillage or City CambridgeLength of residence in city or town where death occurred 55 yrs.Registration Dist. No. 116116
Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of time in U. S. if of foreign birth 14 yrs.2. FULL NAME Sarah ~~forstner~~ Thomas(a) Residence: No. Cambridge

(Usual place of abode)

If U. S. Veteran specify WAR.

Name Pine & Robison
St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)female Colored married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWifeGeorge Thomas

6. DATE OF BIRTH (month, day, and year)

March 12-1870

7. AGE

Years 40Months 4Days -If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. general work9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. none10. Date deceased last worked at
this occupation (month and
year) 2 years11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Christ Rocknd

MOTHER

FATHER

13. NAME Licel Galens14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Holland16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT George Thomas(Address) Cambridge nd

18. BURIAL, CREMATION, OR REMOVAL

Place bethel cemetery Date July 14, 193519. UNDERTAKER Lewis H. Baymiller(Address) Cambridge nd20. FILED 7/13 1935 John Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7 Month 12 Day, 1935 Year

22. I HEREBY CERTIFY. That I attended deceased from

7-7-1935 to 7-12-1935; death is said

I last saw him alive on 7-7-1935 to 7-12-1935; death is said

to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cirrhosis

Date of onset

Harrison

Other Contributory Causes of importance

Cirrhosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Boyer M. D.(Address) 222 Pine St, Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Indicate the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," etc., or state the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

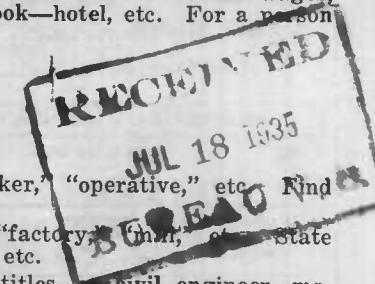
Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeLength of residence in city or town where death occurred 50 yrs.mos. 0 ds. How long in U.S. if of foreign birth WITHIN CORPORATE LIMITS yrs. 0 mos. 0 ds.

92-a

Registration Dist. No.

116

07686

2. FULL NAME

John Swallum Waters(a) Residence: No. 216 PineIf U.S. Veteran specify WAR ✓St. Cambridge Ward. 1

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years 72 Months 3 Days 0 If LESS than1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Nov. 193511. Total time (years)
spent in this
occupation 54

12. BIRTHPLACE (city or town)

(State or country)

Darmon

13. NAME

Levin Waters

14. BIRTHPLACE (city or town)

(State or country)

Darmon

15. MAIDEN NAME

Sarah Waters

16. BIRTHPLACE (city or town)

(State or country)

DarmonMD

17. INFORMANT

(Address)

Grace Waters

18. BURIAL, CREMATION, OR REMOVAL.

Place Cambridge Date 7-8 1935

19. UNDERTAKER

(Address)

St. A. Sidney

20. FILED

(Date)

10-8 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)6
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 4, 1935, to July 6, 1935.

I last saw him alive on July 6, 1935; death is said

to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Ch. Myocarditis
acute myocarditis
Pulmonary edema

Date of onset

1935

1935

7-1-35

Other Contributory Causes of importance:

Name of operation none Date of noneWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? none

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury noneNature of Injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) Carroll First Class M. D.(Address) None

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------------------------|---------------|
| Arteriosclerosis | <i>RECEIVED AUG 5 1935</i> | 1915 |
| Chronic interstitial nephritis | <i>REDAU V. S.</i> | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07687

1. PLACE OF DEATH

County On Chesapeake
Village or City Cambridge

Length of residence in city or town where death occurred

yrs. 3

mos.

ds.

How long in U.S. if of foreign birth?

yrs. 116

mos.

Registration Dist. No. 116No. Cambridge and Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. 301
(Usual place of abode) Cambridge 12-701St. Ward.WITHIN CORPORATE LIMITS OF
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED,
deceased divorced OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 22-19357. AGE 3 Years 0 Months 0 Days 0 If LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. none
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. —
10. Date deceased last worked at
this occupation (month and
year) — 11. Total time (years)
spent in this
occupation —12. BIRTHPLACE (city or town)
(State or country) Md.13. NAME Rockin White
14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Minnie Flora
16. BIRTHPLACE (city or town)
(State or country) N.Y.17. INFORMANT Hot Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place — Date 7-22, 193519. UNDERTAKER disposal of our Hospital
(Address)20. FILED 7-22, 1935 James W. Smith
Registrar. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 22
(Month) 1935
(Day) 1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him on 7-22 to 7-22, 1935; death is said
to have occurred on the date stated above, at 6 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Date of onset
Therapeutic abortion for
inevitable abortion.

Other Contributory Causes of Importance:

Hypertension grandis —
7th abortion they didn't care
Hypertension W.P.Name of operation — Date of 7-22-35What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19 —Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? noIf so, specify — Henry Steele(Signed) Henry Steele M. D.(Address) Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| RECEIVED | | Date of onset |
|--------------------------------|--------------|---------------|
| Arteriosclerosis | AUG 5 1935 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|--|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: |
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07658

MARGIN RESERVED FOR BINDING

N. B.—WRITE **PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

Length of residence in or town where death occurred

2 yrs. 3 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mds.

Registration Dist. No. 116

No Eastern Shore State Hosp Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widow, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 3/17/853

7. AGE

Years 82

Months 3

Days 6

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Fishing Creek Date 7/19/3519. UNDERTAKER
(Address)20. FILED 7-8 1935 John Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

7th

1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
March 21, 1933, to July 7th, 1935.I last saw her alive on July 7th, 1935; death is said
to have occurred on the date stated above, at 12:35 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral arteriosclerosis Date of onset 1930

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Charles Labierre M. D.
(Address) Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | |
|--|--------------|
| Arteriosclerosis | RECEIVED |
| Chronic interstitial nephritis | AUG 5 1935 |
| Cerebral hemorrhage | BUREAU V. S. |

Example II

| The principal cause of death and related causes of importance were as follows: | |
|--|-------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| Other contributory causes of importance: | |
| Gallstones | May 1, 1923 |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN